

MDH HIPAA AUTHORIZATION REVOCATION

SECTION A: Individual's Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ Date of Birth: ____/____/____

Section B: Statement of Revocation

I revoke my previous authorization to MDH for its use and/or disclosure of my protected health information (PHI) as described below.

I understand that this revocation of my authorization will NOT affect any action MDH or others took in reliance on my authorization before they received this written notice of my revocation.

I understand that re-disclosure of any information released prior to this revocation may have already occurred or may occur in the future without my knowledge or consent; therefore, the privacy of my PHI may no longer be protected by law.

Section C: Description of Authorization Revoked

☐ I hereby revoke any and all authorizations to MDH to release my PHI to any third party.

☐ I hereby revoke my authorization dated _____, which authorized MDH to release my PHI to: _____

☐ I hereby revoke my authorization dated _____, which authorized MDH to receive and/or use my PHI from: _____

Section D: Individual's Signature

Print Name: _____

Signature: _____ Date: _____

If this revocation is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Signature: _____ Date: _____

Relationship to Individual: _____

Return the completed form to:

(Address of MDH Entity)